

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="25169.00"/>	<input type="text" value="25169.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8124.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40907.00"/>	<input type="text" value="60862.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49031.00"/>	<input type="text" value="86031.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40700.00"/>	<input type="text" value="77700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8331.00"/>	<input type="text" value="8331.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40347.00	59522.00
(ii) Unitemized	560.00	1340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40907.00	60862.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40907.00	60862.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40907.00	60862.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40907.00	60862.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	77500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200.00	200.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40700.00	77700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40700.00	77700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40907.00	60862.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40707.00	60662.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Dr CHARLES THOMAS II MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E Forest Road
 City Asheville State NC Zip Code 28803-2909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RTA of Western NC, PA Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 33810068
 Amount of Each Receipt this Period
 1500.00
 Contribution

B. Charlene R. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E. Forest Road
 City Asheville State NC Zip Code 28803-2909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IOA Occupation Consultant - Dr. Thomas' wife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 33810098
 Amount of Each Receipt this Period
 1500.00
 Contribution

C. Dr Joanne B. Dragun
 Full Name (Last, First, Middle Initial)
 Mailing Address 13061 Biggin Church Rd. S
 City Jacksonville State FL Zip Code 32224-7687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 21st Century Oncology of Jacksonville, Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 33810206
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 3500.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Kurt L. Janavitz
Full Name (Last, First, Middle Initial)

Mailing Address 9650 Monteverde Way

City Fort Myers State FL Zip Code 33912-0905

FEC ID number of contributing federal political committee. **C**

Name of Employer Financial Services of SW Florida Occupation Sr. VP Payor Contracting & Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2011
Transaction ID : 33855553

Amount of Each Receipt this Period 1000.00

Contribution

B. DR. DANIEL E. DOSORETZ MD
Full Name (Last, First, Middle Initial)

Mailing Address 13221 PONDEROSA WAY

City FORT MYERS State FL Zip Code 33907

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2011
Transaction ID : 34193577

Amount of Each Receipt this Period 5000.00

Contribution

C. Mrs Celia Dosoretz
Full Name (Last, First, Middle Initial)

Mailing Address 13221 Ponderosa Way

City Fort Myers State FL Zip Code 33907

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2011
Transaction ID : 34194556

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Dr. Peter Greenberg
Full Name (Last, First, Middle Initial)
Mailing Address 77-840 Flora Rd
City Palm Desert State CA Zip Code 92211-4109
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology of California, P Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2011
Transaction ID : 34333407
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$5000.00

B. Dr Christopher Chen
Full Name (Last, First, Middle Initial)
Mailing Address 1010 SEMINOLE DRIVE APT 1107
City FORT LAUDERDALE State FL Zip Code 33304-3220
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 12 / 31 / 2011
Transaction ID : PR1567028827200
Amount of Each Receipt this Period 1152.00
P/R Deduction (\$192.00 Bi-Weekly)

C. Mr. DAVID E. LEE
Full Name (Last, First, Middle Initial)
Mailing Address 9741 Mar Largo Circle
City Fort Myers State FL Zip Code 33919-7325
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011
Transaction ID : PR1567085127200
Amount of Each Receipt this Period 650.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1802.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Mrs. GAIL CUMMINGS
Full Name (Last, First, Middle Initial)
Mailing Address 11574 TIMBERLINE CIRCLE

City FORT MYERS	State FL	Zip Code 33912
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc	Occupation Technical Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR1580094827200

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Mrs. VICTORIA DANTON
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Davis Drive

City Fort Myers	State FL	Zip Code 33919-1069
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc	Occupation Director of Revenue Integrity
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR1580095127200

Amount of Each Receipt this Period

975.00

P/R Deduction (\$75.00 Bi-Weekly)

C. MARIA J. ANNAZONE
Full Name (Last, First, Middle Initial)
Mailing Address 10361 Witts End

City Alva	State FL	Zip Code 33936
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc	Occupation Director Health Information Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : PR1580877827200

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1430.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. QUINTEN Curtis BLACK MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Kenton Lane
 City Asheville State NC Zip Code 28803-2468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RTA of Western NC, PA Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : PR1580879427200
 Amount of Each Receipt this Period
 1040.00
 P/R Deduction (\$80.00 Bi-Weekly)

B. Mark Robert Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 LONG RUN ROAD
 City LOUISVILLE State KY Zip Code 40245-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 21st Century Oncology of Kentucky (KEN Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : PR1580886827200
 Amount of Each Receipt this Period
 650.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. TAM NGUYEN MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2798 Bellini Road
 City Henderson State NV Zip Code 89052-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael J. Katin, MD, PC Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : PR1580891927200
 Amount of Each Receipt this Period
 1300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2990.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Claire Skowronski		Date of Receipt 12 / 31 / 2011 Transaction ID : PR1580896427200
Mailing Address 1312 SW 7th TERRACE		Amount of Each Receipt this Period 130.00
City CAPE CORAL	State FL	Zip Code 33991-2145
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer 21st Century Oncology Management, Inc	Occupation Director - Radiation Therapy School	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. PAUL TREADWELL MD		Date of Receipt 12 / 31 / 2011 Transaction ID : PR1580898527200
Mailing Address 9916 COZY GLEN CIRCLE		Amount of Each Receipt this Period 260.00
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Dr Keith Lawrence Miller		Date of Receipt 12 / 31 / 2011 Transaction ID : PR1692755727200
Mailing Address 12731 Terabella Way		Amount of Each Receipt this Period 1950.00
City Fort Myers	State FL	Zip Code 33912-0910
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3900.00	

SUBTOTAL of Receipts This Page (optional).....▶	2340.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Dr. Dwight Fitch
Full Name (Last, First, Middle Initial)
Mailing Address 9122 16th Ave Circle, NW
City Bradenton State FL Zip Code 34209-8133
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011
Transaction ID : PR2127270527200
Amount of Each Receipt this Period 1300.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Brian P Quaranta MD
Full Name (Last, First, Middle Initial)
Mailing Address 100 Vista Lake Drive Apt 108
City Candler State NC Zip Code 28715
FEC ID number of contributing federal political committee. **C**
Name of Employer North Carolina RT Management Services, Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011
Transaction ID : PR2127272427200
Amount of Each Receipt this Period 520.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Gwen C Horn
Full Name (Last, First, Middle Initial)
Mailing Address 17557 Ingram Rd
City Fort Myers State FL Zip Code 33967-2958
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology Management, Inc Occupation Director - Health Information System
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011
Transaction ID : PR2231092427200
Amount of Each Receipt this Period 130.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1950.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Madlyn Dornaus
Full Name (Last, First, Middle Initial)
Mailing Address 18930 Knoll Landing Drive
City Fort Myers State FL Zip Code 33908-4760
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology Management, Inc Occupation VP Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3900.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR2232241727200
Amount of Each Receipt this Period **1950.00**
P/R Deduction (\$150.00 Bi-Weekly)

B. Chaundre Cross
Full Name (Last, First, Middle Initial)
Mailing Address 6845 Wellington Drive
City Naples State FL Zip Code 34109-7207
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR2232246227200
Amount of Each Receipt this Period **325.00**
P/R Deduction (\$25.00 Bi-Weekly)

C. Alexis Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 2127 Race St
City Philadelphia State NJ Zip Code 19103-1009
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR2232248527200
Amount of Each Receipt this Period **260.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2535.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Peter Greenberg		Date of Receipt 12 / 31 / 2011 Transaction ID : PR2366842327200
Mailing Address 77-840 Flora Rd		Amount of Each Receipt this Period 2600.00
City Palm Desert	State CA	Zip Code 92211-4109
FEC ID number of contributing federal political committee. C		P/R Deduction (\$200.00 Bi-Weekly)
Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dr David Horvick		Date of Receipt 12 / 31 / 2011 Transaction ID : PR2366842527200
Mailing Address 953 Creek Rock Rd		Amount of Each Receipt this Period 650.00
City Bel Air	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer 21st Century Onc of Harford County, Ma	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Marc A. Melser MD		Date of Receipt 12 / 31 / 2011 Transaction ID : PR2412064427200
Mailing Address 27090 Harbor Oaks Boulevard		Amount of Each Receipt this Period 1300.00
City Punta Gorda	State FL	Zip Code 33983-6507
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Marc A. Melser, MD (MMU)	Occupation Medical Doctor - Urologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional).....▶	4550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard Rolland Lewis			Date of Receipt 12 / 31 / 2011 Transaction ID : PR2492181127200
Mailing Address 9272 River Otter Dr			Amount of Each Receipt this Period 130.00
City Fort Myers	State FL	Zip Code 33912-8922	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology Management, Inc	Occupation Director of Ops. Financial	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert L. Long			Date of Receipt 12 / 31 / 2011 Transaction ID : PR2492181527200
Mailing Address 909 Mar Walt Drive			Amount of Each Receipt this Period 1300.00
City Fort Walton Beach	State FL	Zip Code 32547-6635	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jake J. Strikowski			Date of Receipt 12 / 31 / 2011 Transaction ID : PR2492181827200
Mailing Address 1360 S. Ocean Blvd #2001			Amount of Each Receipt this Period 260.00
City Pompano Beach	State FL	Zip Code 33062-7164	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology Management, Inc	Occupation Regional Director	Aggregate Year-to-Date 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1690.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael J. Tompkins			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 9070 Pittsburgh Blvd			Transaction ID : PR2492181927200
City Fort Myers	State FL	Zip Code 33967-7205	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology Management, Inc	Occupation Director of Ancillary Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Jonathan D. Weinbach			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 210 W 19th St Apt 2 J			Transaction ID : PR2492182027200
City New York	State NY	Zip Code 10011-4067	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C			
Name of Employer New York Management	Occupation Dir Referrals, Marketing & Network Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Rie Alhara			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 14270 Royal Harbor			Transaction ID : PR2497582227200
City Fort Myers	State FL	Zip Code 33908-6503	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gustavo H. Olivera

Mailing Address 9802 Red Sky Drive

City Middleton State WI Zip Code 53562-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Aurora Technology Developments, LLC Physicist - Medical Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : PR2563759927200

Amount of Each Receipt this Period
5000.00

P/R Deduction (\$5000.00)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	40347.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Nan Hayworth

Mailing Address P. O. Box 189

City State Zip Code
Mount Kisco NY 10549

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Nan Hayworth

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 33853585

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Nan Hayworth

Mailing Address P. O. Box 189

City State Zip Code
Mount Kisco NY 10549

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Nan Hayworth

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 34320510

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City State Zip Code
Winston-Salem NC 27113

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Richard Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34320511

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34320523

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Tahoe Victory Fund

Mailing Address 700 13th Street
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution to Joint Fundraising Committee

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2011

Transaction ID : 34320533

Amount of Each Disbursement this Period

10000.00

Contribution to Joint Fundraising Committee

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address 950 48th Avenue North Ste 200

City State Zip Code
Myrtle Beach SC 29577

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : 34320534

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

15500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Next Century Fund

Mailing Address 116 C. Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

The Next Century Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34332554

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 ivy St

City 20003 State DC Zip Code

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

LEGPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34333224

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

40500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Peter Greenberg

Mailing Address 77-840 Flora Rd

City State Zip Code
Palm Desert CA 92211-4109

Purpose of Disbursement
Refund - Exceeded allowable limits

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 34324859

Amount of Each Disbursement this Period

200.00

Refund - Exceeded allowable limits

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

200.00

200.00